EVERGREEN CARE CENTER 1250 EVERGREEN STREET

1250 EVERGREEN STREET			
SHAWANO 54166 Phone: (715) 526-3107		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	65	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	65	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	57	Average Daily Census:	56

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	8	Age Groups	8	Less Than 1 Year	38.6 40.4
Developmental Disabilities	0.0	Under 65	8.8	More Than 4 Years	21.1
Mental Illness (Org./Psy)	17.5	65 - 74	7.0		
Mental Illness (Other)	1.8	75 - 84	22.8		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	50.9		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.5	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	1.8		100.0	(12/31/05)	
Cardiovascular	26.3	65 & Over	91.2		
Cerebrovascular	14.0			RNs	4.1
Diabetes	10.5	Gender	%	LPNs	10.3
Respiratory	3.5			Nursing Assistants,	
Other Medical Conditions	24.6	Male	21.1	Aides, & Orderlies	36.0
		Female	78.9	į	
	100.0			j	
		j	100.0	į	

Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	<u>l</u>		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	4	10.3	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	7.0
Skilled Care	7	100.0	252	33	84.6	121	0	0.0	0	11	100.0	158	0	0.0	0	0	0.0	0	51	89.5
Intermediate				2	5.1	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		39	100.0		0	0.0		11	100.0		0	0.0		0	0.0		57	100.0

EVERGREEN CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	11.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	10.5		66.7	22.8	57
Other Nursing Homes	4.2	Dressing	31.6		61.4	7.0	57
Acute Care Hospitals	83.2	Transferring	33.3		49.1	17.5	57
Psych. HospMR/DD Facilities	0.0	Toilet Use	36.8		52.6	10.5	57
Rehabilitation Hospitals	0.0	Eating	78.9		17.5	3.5	57
Other Locations	1.1	*******	******	*****	* * * * * * * * * * * * * * * * * *	******	*****
otal Number of Admissions	95	Continence		ક	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	al Catheter	5.3	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	50.5	Occ/Freq. Incontiner	it of Bladder	49.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	it of Bowel	29.8	Receiving Suct	ioning	0.0
Other Nursing Homes	4.3	_			Receiving Osto	my Care	1.8
Acute Care Hospitals	11.8	Mobility			Receiving Tube	Feeding	5.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	3.5	Receiving Mech	anically Altered Diets	21.1
Rehabilitation Hospitals	0.0				_	-	
Other Locations	1.1	Skin Care			Other Resident C	haracteristics	
Deaths	29.0	With Pressure Sores		8.8	Have Advance D	irectives	87.7
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	93				Receiving Psyc	hoactive Drugs	22.8

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	******	*****	******	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer Group		Peer Group		Faci	lities
	8	૪	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.2	82.2	1.05	86.9	0.99	86.0	1.00	88.1	0.98
Current Residents from In-County	84.2	71.1	1.18	73.2	1.15	74.9	1.12	77.6	1.09
Admissions from In-County, Still Residing	21.1	17.9	1.18	20.6	1.02	19.6	1.07	18.1	1.16
Admissions/Average Daily Census	169.6	152.6	1.11	123.3	1.38	139.3	1.22	162.3	1.05
Discharges/Average Daily Census	166.1	153.4	1.08	123.8	1.34	139.6	1.19	165.1	1.01
Discharges To Private Residence/Average Daily Census	83.9	75.7	1.11	53.9	1.56	64.3	1.30	74.8	1.12
Residents Receiving Skilled Care	96.5	95.4	1.01	96.4	1.00	96.4	1.00	92.1	1.05
Residents Aged 65 and Older	91.2	94.2	0.97	93.0	0.98	92.9	0.98	88.4	1.03
Title 19 (Medicaid) Funded Residents	68.4	72.3	0.95	69.6	0.98	69.8	0.98	65.3	1.05
Private Pay Funded Residents	19.3	16.4	1.18	20.3	0.95	19.0	1.02	20.2	0.96
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.7	0.00	5.0	0.00
Mentally Ill Residents	19.3	28.0	0.69	37.2	0.52	34.7	0.56	32.9	0.59
General Medical Service Residents	24.6	26.7	0.92	19.6	1.26	21.9	1.12	22.8	1.08
Impaired ADL (Mean)	37.2	46.8	0.80	46.7	0.80	47.4	0.78	49.2	0.76
Psychological Problems	22.8	55.5	0.41	57.3	0.40	59.0	0.39	58.5	0.39
Nursing Care Required (Mean)	4.6	6.9	0.67	6.7	0.69	7.2	0.64	7.4	0.62